

North Carolina

AIDS Rate per 100,000

10.9*

State Funds for HIV Early Intervention Services

STATE EXPENDITURES	
Required Base	SFY 2007 Expenditures Maintenance
\$959,140	\$1,010,687

SAPT EXPENDITURES	
FY 2005 HIV Set-Aside	FY 2008 Planned
\$1,924,352	\$1,651,411

FY 2008 SAPT Reports

Set-aside is used to fund early intervention services through various programs and a Memorandum of Agreement with the Division of Public Health's HIV Prevention and Care Branch. Early intervention services included pre/post-test counseling, testing (including HIV rapid testing and counseling), HIV education, and specialized HIV outreach services.

HIV EARLY INTERVENTION SERVICES PROVIDED							
Rapid Testing	Funding Rapid Testing	Regular HIV Testing	Pre-Test and Post-Test Counseling	Referral Services	Risk Assessment	HIV/AIDS Education	Outreach
✓	✓	✓	✓	✓	✓	✓	✓

State Narrative Summary

The State sponsored initiatives for early intervention services through a memorandum of agreement with other State public health agencies; one project focused on reaching community-based organizations and the other on reaching local health departments. As of Fiscal Year (FY) 2005, the program was funding six initiatives to offer services to people with substance abuse problems; all are located in areas that have a high incidence of intravenous drug use and HIV. The Division funded an initiative targeting three State-operated

*The most recent data published prior to October 1, 2007 by the CDC is Table 14, Reported AIDS cases and annual rates (per 100,000 population), by area of residence and age category, cumulative through 2005-United States, HIV/AIDS Surveillance Report 2005 Vol. 17, U.S. Department of Health and Human services, Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, Division of HIV/AIDS, Prevention, Surveillance, and Epidemiology. Single copies of the report are available through the CDC National Prevention Information Network, 1-800-458-5231 or 301-562-1098 or <http://www.cdc.gov/hiv/topics/surveillance/resources/reports/2005report/table14.htm>

alcohol and drug treatment facilities, and an initiative focused on nine substance abuse treatment programs under contract with local management entities receiving Substance Abuse Prevention and Treatment Block Grant funds. By FY 2007, programs had expanded to include six community-based organizations and four local public health departments. In addition, HIV education had become an integral part of psychoeducational activities of all three State-operated alcohol and drug addiction treatment centers. The Single State Agency for Substance Abuse Services has been evaluating the effectiveness of these programs. Efforts will continue in FY 2008, with a focus on expanding early intervention services to reach more people with substance abuse problems, particularly through opioid treatment programs.

Full State Narrative

FY 2005 (COMPLIANCE)

The Substance Abuse and Mental Health Services Administration (SAMHSA) offers to the states funds to provide substance abuse prevention and treatment activities through the Substance Abuse Prevention and Treatment Block Grant (SAPTBG). A state is considered a "designated State" if their HIV case rate is greater than 10 cases per 100,000/population. A designated state is required to spend an amount equal to 5% of the SAPTBG allocation to the State on such initiatives each year. In regard to HIV Early Intervention Services, North Carolina, in 2005, qualified for the status as a "designated state" as defined in 45 C.F.R. Section 96.128. As a result, North Carolina is required to provide HIV Early Intervention Services for persons with substance abuse problems with an emphasis on making these services available within existing programs in areas of the state that have the greatest need for such services and to monitor such service delivery at the site persons are receiving substance abuse treatment. The Division of Mental Health, Developmental Disabilities, and Substance Abuse Services complying with SAPTBG regulations expended HIV Early Intervention funds in the amount of \$1,071,137.

Program initiatives were sponsored through a Memorandum of Agreement (MOA) between the Division of MH/DD/SAS and the Division of Public Health's HIV Prevention and Care Branch. One initiative was targeted to Community Based Organizations and the other initiative was targeted to local health departments. The contract with DPH amounted to \$580,274.

During FFY 2005 one additional non opioid program was added to the initiative which resulted in the Division of MH/DD/SAS providing full or partial funding to six program initiatives designed to offer services to persons with both substance abuse as well as HIV/AIDS. (Columbus Co DREAM Center, Operation Sickle Cell, SouthLight, Partners for a Drug Free NC, Regional HIV/AIDS, Sickle Cell Disease Association of Piedmont.) These programs are located in areas that were known to have a high incidence of IV drug use and a high incidence of HIV. Direct referral of individuals in treatment occurred from all programs directly funded with SAPTBG funds and by other public and private programs in the State. The other initiative targeted to local health departments in Guilford, Nash, Sampson, and Wake counties.

Two program initiatives were funded directly by the Division of MH/DD/SAS. One of these initiatives was targeted to the three state operated alcohol and drug treatment facilities for a total of \$1,022,271 and the other was focused on nine substance abuse treatment programs under contract with Local Management Entities receiving SAPTBG funds at a total of \$48,866. The LMEs receiving these funds are as follows; CenterPoint, Duplin Sampson- Lenoir (Eastpointe), Durham, Neuse, Onslow, Piedmont, Pitt, Southeastern, Sandhills, plus Journal Entry (Non LME specific).

FY 2007 (PROGRESS)

The programs operated in cooperation with the Public Health Department consist of six community based organizations and four local Public Health Departments in areas that were known to have a high incidence of

IV drug use and a high incidence of HIV. HIV/STD/TB early intervention services continue to be provided in the four Opioid Treatment Programs as well as in the five non opioid programs. Pre and post test counseling and testing for HIV continues at the program sites or other appropriate public/private facilities. HIV education continues to be an integral portion of the psycho-educational activities at all three of the state operated Alcohol and Drug Addiction Treatment Centers (ADATCs) and the 32 Local Management Entities (formally the Local Area MH/DD/SA programs). The specialized HIV outreach programs continue to refer clients to the Local Management Entities. The strong relationship between Substance Abuse Services and the HIV Prevention and Care Branch continues as a Substance Abuse Services staff person is assigned to serve as the Division of MH/DD/SAS's liaison to the Division of Public Health on HIV/AIDS and STD issues including serving on several HIV/AIDS committees. The Single State Agency for Substance Abuse Services in North Carolina has been evaluating the above means of providing HIV Early Intervention services. The Single State Agency notified grant recipients that these funds have to be used exclusively as defined below and in the SAPTBG.

Early Intervention Services are defined in the SAPTBG as:

1. Appropriate pre-test counseling for HIV and AIDS
 - Appropriate counseling concerning and specifically targeted to HIV or AIDS
 - Counseling relating to the emotional and psychological impact of being tested
 - Counseling relating to the emotional and psychological impact of HIV or AIDS on the individual
2. Testing individuals with respect to such disease
 - Appropriate tests to confirm the presence of the disease
 - Appropriate tests to diagnose the extent of the deficiency in the immune system
 - Tests to provide information on appropriate therapeutic measures for preventing and treating the deterioration of the immune system
 - Tests to provide information on treating and preventing conditions arising from the disease
3. Appropriate post-test counseling
 - Appropriate counseling concerning and specifically targeted to HIV or AIDS
 - Counseling relating to the emotional and psychological impact of having been tested
 - Counseling relating to the emotional and psychological impact of HIV or AIDS on the individual
4. Providing the therapeutic measures as described in number 2 above.

The Single State Agency issued a Request for Applications (RFA) to the Local Management Entities asking them to submit proposals outlining how they would utilize HIV Set Aside funds to provide Early Intervention Services to person's with substance abuse problems in substance abuse treatment settings. The Single State Agency merged this requirement with the HIV Rapid Test initiative program to offer testing and counseling to people with substance abuse in treatment facilities. Ten Local Management Entities were awarded these funds for the SFY 2006-2007 and the Division anticipates quarterly reports detailing the counseling and testing being provided in high risk SA treatment settings.

FY 2008 (INTENDED USE)

It is planned in FY 2008 to provide HIV early intervention services to all persons with substance abuse problems. The services will include appropriate pre-test counseling for HIV and AIDS, testing individuals with respect to such disease, appropriate post-test counseling, and providing appropriate therapeutic measures. This program is ongoing. Services will be provided through nine LMEs, three state operated facilities, four health departments and five community based organizations across the state. We intend to continue funding

these activities through Memorandum of Agreement (MOA) between the Division of MH/DD/SAS and the Division of Public Health's HIV Prevention and Care Branch and directly through the Division of MH/DD/SAS.

Goal 6: Continue the provision of HIV Early Intervention Services to those undergoing substance abuse treatment so that they may receive these services at the site where they also receive substance abuse treatment services.

Objective 1: Continue and expand the funding of HIV Early Intervention Services to more than the nine LMEs currently receiving set aside funding.

Activity 1: Monitor the activity of the programs contracted by Local Management Entities to provide Early Intervention Services.

Activity 2: Encourage additional programs to provide HIV Early Intervention Services to SA consumers.

Objective 2: Continue and expand HIV counseling and testing in Opioid Treatment Programs.

Activity 1: Encourage Opioid Treatment Programs to contract with Local Management Entities, Local Health Departments, or others to provide HIV counseling and testing on site.

Activity 2: Monitor services with on-site reviews of the Opioid Treatment Programs (funded with SAPTBG funds) and the specialized drug-free narcotic treatment program sites.

Objective 3: Continue to support the HIV counseling and testing in SA treatment settings sponsored by the Division of Public Health.

Activity 1: Continue the MOU with the Division of Public Health and support their development of grantees providing Early Intervention Services in various SA treatment settings.

Objective 4: Continue to encourage outreach services in Opioid Treatment Programs and in areas with the greatest established incidence and prevalence of HIV.

Activity 1: Monitor selected sites with site reviews.

Activity 2: Provide technical assistance to facilitate greater outreach activities utilizing an appropriate indigenous outreach model.

Activity 3: Focus on "outreach activities" within the opioid treatment programs.

HIV Early Intervention Services

The third program initiative consisted of HIV Early Intervention programs in four Opioid Treatment Program sites and five non-opioid substance abuse treatment programs. In the Opioid Treatment Programs, HIV counseling and testing was required through their contracts with Local Management Entities. These opioid programs provide HIV counseling, HIV testing, and drug treatment. The non-opioid programs provide, HIV counseling, HIV testing, alcohol and drug treatment, outreach, intervention, and referral services. Residential services are provided including one program offering residential SA treatment targeted to Spanish speaking consumers. The Division of MD/DD/SAS performs an annual renewal of the MOU between the Division of MH/DD/SAS and each Local Management Entity including accountability site visits to evaluate adherence to SAPTBG requirements.

The fourth program initiative was an HIV Early Intervention program attached to each of the three state operated alcohol and drug treatment facilities (ADATC).

HIV Early Intervention Programs Receiving Funds

HIV EARLY INTERVENTION FUNDS REPORTED BY STATE PROVIDER				
Program	Status	Address	Phone	Funds
DAYMARK RECOVERY CENTER CABARRUS CENTER	P	1305 South Cannon Boulevard Kannapolis, NC 28083	n/a	\$35,000
DAYMARK RECOVERY SERVICES SUBSTANCE ABUSE SERVICES	A	725 North Highland Avenue Winston Salem, NC 27101	n/a	\$16,690
DURHAM CENTER	I	501 Willard Street Durham, NC 27701	n/a	\$104,720
EASTPOINTE KENANSVILLE AND CLINTON DIVISION/OUTPATIENT	S	117 Beasley Street Kenansville, NC 28349	n/a	\$509,876
JULIAN F. KEITH ALCOHOL AND DRUG ABUSE TREATMENT CENTER	A	201 Tabernacle Road Black Mountain, NC 28711	n/a	\$19,950
MULTIPLE AREA PROGRAMS	n/a	3007 Mail Service Center Raleigh, NC 27699-3007	n/a	\$42,418
NEW BERN FAMILY SERVICES SUBSTANCE ABUSE SERVICES	S	403 George Street New Bern, NC 28560	n/a	\$2,660
ONSLOW CARTERET BEHAVIORAL HEALTHCARE SERVICES	A	215 Memorial Drive Jacksonville, NC 28546	n/a	\$1,204
PITT COUNTY MENTAL HEALTH CENTER	S	203 Government Circle Greenville, NC 27834	n/a	\$16,141
PUBLIC HEALTH	n/a	225 N. McDowell Street Raleigh, NC 27603	n/a	\$580,274
SANDHILLS MENTAL HEALTH CENTER SUBSTANCE ABUSE SERVICES	S	7 Lakes Drive West End, NC 27376	n/a	\$3,500
SOUTHEASTERN CENTER FOR MENTAL HEALTH DD/SUBSTANCE ABUSE SERVICES	A	023 South 17th Street Wilmington, NC 28401	n/a	\$290,062
WALTER B. JONES ALCOHOL AND DRUG ABUSE TREATMENT CENTER	A	2577 West 5th Street Greenville, NC 27834	n/a	\$28,916

Status Key: [A] Active, [I] Inactive, [n/a] Not available, [P] Facility physically closed, [S] No substance abuse services provided, [U] Closed as duplicate of another facility.